Poster: Communication strategies for the school nurse mentor: A pilot training program

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School nursing is a specialized autonomous practice of nursing that involves working with students, families, educators and community members to help students succeed in school. Because the role is broad in scope, involving knowledge of school law, health promotion, interdisciplinary teamwork and community health, helping a nurse assimilate to the new role can be challenging. Registered nurses (RN) enter the school health field with various backgrounds including critical care, medical-surgical and psychiatric nursing to name a few. In fact, because of the scope of school nursing, a diverse work experience is preferred. School nurses need to be able to care for both adult and pediatric populations as they see staff members for various medical issues, and care for students in need of mental health counseling, chronic disease management and/or health promotion (Board et al., 2011). Health disparities among racial groups and those in poverty require the nurse to be well versed in strategies to overcome many barriers to student learning resulting from poor health care such as uncontrolled asthma, diabetes, or uncorrected vision or hearing problems.

According to Bandura, experienced school nurses who believe they can succeed at mentorship should be more effective mentors. Social modeling involves providing learners with examples of communication strategies as well as encouraging mentors. Providing an environment where nurses can practice mentoring skills in a safe environment and receive constructive feedback should lead to mastery. Using encouragement as a source of social persuasion as well as fostering networking among nurse mentors through group meetings is another way to maximize self-efficacy among new nurse mentors.

In Ohio, the process of obtaining school nurse licensure through the Ohio Department of Education (ODE) can help nurses learn about the role of the school nurse, but licensure is not required by law and school nurses are not mandated. According to an Ohio Department of Health survey in 2008, only 69% of nurses in Ohio schools held school nurse licensure. Even after obtaining school nurse licensure, nurses entering school health can struggle with role transition and socialization in the new setting until they gain experience in the role. The very nature of nursing practice in an educational setting without the support of other health care professionals can lead to role confusion and subsequent anxiety. Therefore, mentorship is vital in helping new school nurses adjust to the new role.

Weese et al., (2015) have identified mentoring practices that have been shown to predict mentoring benefits, such as welcoming, mapping the future, teaching the job, supporting the transition, providing protection and equipping for leadership. These mentoring benefits were adapted to create a framework for planning mentor training. Ultimately, seven learning modules will be developed to address each of the mentoring benefits. For the purposes of this DNP project, the introductory module was designed and implemented, emphasizing the importance of communication skills for the school nurse mentor.

Communication Strategies for the School Nurse Mentor: A Pilot Study

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The purpose of this DNP project was to develop a training module for school nurse mentors and determine how the program impacted their confidence in mentoring new school nurses. The literature suggests communication is an important component of mentor training programs and Bandura suggests boosting mentor self-efficacy will improve mentoring. An educational module with an emphasis on communication skills for the school nurse mentor was developed using Bandura’s sources of self-efficacy and presented to school nurse mentors in an online format. Mentor perceived confidence was measured in a pre/post-questionnaire.

Results of this pilot training program are consistent with the literature supporting education in communication strategies as an important component of training for mentors. It is interesting to note that nurses in this study reported overall confidence in mentoring before completing the training, as well as communicating to a nurse that they have made an error, presumably a difficult conversation to initiate. It may be that the age of the participants, their longevity in the career of nursing and their tenure with the district provided the confidence to mentor new nurses. Bandura (1994) would suggest the mastery and social modeling that come with nursing experience would be a strong source of self-efficacy for mentors, even in the absence of a formal mentoring experience. As school nurses reflect on past experiences with informal mentoring, they should be able to draw on skills which will have a positive impact on formal school nurse mentorship, therefore reflection should be an important part of mentorship training.

Confidence with developing a professional growth plan demonstrated the largest positive change after training. This may be because only two respondents identified as formal mentors. The majority of participants identified informal mentoring experience, which is assumed to be less dependent on documentation of protégé progress. Participants may not have had opportunity to develop growth plans throughout their nursing careers.

It could be argued that confidence in mentoring does not mean a school nurse mentor will be competent, although according to Bandura (1994), high self-efficacy leads to success. While promoting self-efficacy through training is important, creating a system of supports for the school nurse mentor is also key. Opportunities to meet as a group to discuss challenges and provide peer and administrative encouragement are important elements to a school mentorship program.